

ISSUE SLIP START AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION		67834	7/23
O.I.P.E. CLASSIFIER	10/28	33	7/27/98
FORMALITY REVIEW	PA	71601	8/21/98

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	26	16
2	✓	27	16
3	✓	28	16
4	✓	29	16
5	✓	30	16
6	✓	31	16
7	✓	32	16
8	✓	33	16
9	✓	34	16
10	✓	35	16
11	✓	36	16
12	✓	37	16
13	✓	38	16
14	✓	39	16
15	✓	40	16
16	✓	41	16
17	✓	42	16
18	✓	43	16
19	✓	44	16
20	✓	45	16
21	✓	46	16
22	✓	47	16
23	✓	48	16
24	✓	49	16
25	✓	50	16

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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Best Available Copy